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Bill Data Sheet

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/643,138 08/21/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY ..

\*\* 04/11/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NC	0	20	2
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature <i>[Initials]</i> Initials				

## ADDRESS

27194

## TITLE

COMPOSITIONS AND METHODS FOR TREATING EPITHELIAL AND RETINAL TISSUE DISEASES

FILING FEE RECEIVED 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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